



# **Regional Perinatal Intensive Care Centers**

## **Obstetrical Satellite Clinic Handbook**



**September 2010**

## TABLE OF CONTENTS

<b>1</b>	<b>INTRODUCTION .....</b>	<b>4</b>
1.1	Purpose .....	4
1.2	General Information .....	4
1.3	Indicators for Establishing OB Satellite Clinics .....	6
1.4	Definitions .....	8
1.5	RPICC Center Numbers and Contact Information.....	12
1.6	Services .....	13
1.7	Funding .....	13
<b>2</b>	<b>OB SATELLITE CLINIC PROGRAM STANDARDS.....</b>	<b>14</b>
2.1	Facilities .....	14
2.2	Patient Eligibility .....	14
2.3	Personnel .....	15
2.4	Equipment and Area .....	16
2.5	Clinic Equipment .....	17
2.6	Services .....	17
2.7	Reporting Requirements .....	20
2.8	Monitoring .....	20
<b>3</b>	<b>RPICC OB SATELLITE CLINIC DATA COLLECTION .....</b>	<b>22</b>
3.1	RPICC OB Satellite Clinic Recording Tool .....	22
3.2	OB Discharge/Referral Template.....	22
<b>4</b>	<b>APPENDIX A PRINTABLE COPIES ARE AVAILABLE AT: <a href="http://www.cms-kids.com/providers/rpicc_resources.html">HTTP://WWW.CMS-KIDS.COM/PROVIDERS/RPICC_RESOURCES.HTML</a> .....</b>	<b>23</b>
4.1	OB Discharge/Referral Template.....	23
4.2	OB Satellite Recording Tool.....	24

4.3	English Partnership Agreement .....	26
4.3	Spanish Partnership Agreement .....	27
4.3	Creole Partnership Agreement .....	28
4.4	Contract Reporting Attachments.....	29

# 1 INTRODUCTION

The Regional Perinatal Intensive Care Center (RPICC) Program is a comprehensive, statewide perinatal delivery system administered by Children's Medical Services (CMS) in the Florida Department of Health.

The RPICC Obstetrical (OB) Satellite Handbook has been developed by the Children's Medical Services (CMS) Central Office RPICC staff to familiarize RPICC OB Satellite staff with the program and provide information about program policies and procedures.

## 1.1 Purpose

The RPICC OB Satellite Handbook was developed to ensure statewide standardization of the RPICC Program. The RPICC OB Satellite Handbook outlines requirements, responsibilities and procedures for the operation of the RPICC OB Satellite Program.

This Handbook incorporates program standards that include criteria that establish medical and financial eligibility for sponsorship of patients under the RPICC Program, physical facility requirements of the obstetrical and professional staffing requirements for RPICC facilities and clinics. This handbook includes the RPICC OB Satellite Clinic standards and data reporting requirements.

The Department of Health web address for CMS RPICC program where more information may be accessed is:

[http://www.cms-kids.com/providers/rpicc\\_resources.html](http://www.cms-kids.com/providers/rpicc_resources.html)

## 1.2 General Information

The Regional Perinatal Intensive Care Centers Program is a regional program within Children's Medical Services (CMS). There are eleven (11) Regional Perinatal Intensive Care Centers (RPICC) located throughout Florida. Areas in the state remain where access to RPICC services is limited. The distance from the patient's home to these RPICCs may be greater than the woman is able to travel. Therefore, CMS has established OB Satellite Clinics to increase accessibility of high-risk obstetrical care to the indigent women in Florida by providing community-based consultative obstetrical outpatient services.

A. The primary program goals are:

1. Increase the number of medically high risk pregnant women receiving prenatal care and delivery in their local community

2. Decrease the number of sick and low birth weight newborns born to these women who would require neonatal intensive care services.

B. There are 11 OB Satellite Clinics. Listed below are the clinics

1. Dade City	Premier Community HealthCare Group Women's Health Care 37944 Pasco Avenue Dade City, Florida 33526	Catherine Everingham OB Satellite Nurse (813) 259-8509 Tampa General Hospital
2. Deland	Volusia County Health Department 935 N. Spring Garden Avenue Deland, Florida 32720	Susan Holly Simpson OB Satellite Nurse (321) 843-1440 or (321) 843-1401 Orlando Health
3. Lecanto	Citrus County Health Department 3700 West Sovereign Path Lecanto, Florida 34461-8071	Susan Gentry OB Satellite Nurse (352) 273-7563 University of Florida
4. Leesburg	Women's Wellness Center 9836 South Highway 441 Leesburg, Florida 34788-3918	Susan Gentry OB Satellite Nurse (352) 273-7563 University of Florida
5. New Port Richey	Pasco County Health Department-West 5640 Main Street, Suite 100 New Port Richey, Florida 34652	Catherine Everingham OB Satellite Nurse (813) 259-8509 Tampa General Hospital
6. Ocala	Marion County Health Department 1801 S.E. 32nd Avenue Ocala, Florida 34478	Susan Gentry OB Satellite Nurse (352) 273-7563 University of Florida
7. Rockledge	Wuesthoff Women's Center 110 Longwood Avenue Rockledge, Florida 32356	Susan Holly Simpson OB Satellite Nurse (321) 843-1440 or (321) 843-1401 Orlando Health
8. Ruskin	Joyce Ely Clinic Hillsborough County Health Department 205 14th Street Ruskin, Florida 33570	Catherine Everingham OB Satellite Nurse (813) 259-8509 Tampa General Hospital

9. Bartow	Polk County Health Department 2020 E. Georgia Street Bartow, Florida 33803-6709	Catherine Everingham OB Satellite Nurse (813) 259-8509 Tampa General Hospital
10. Miramar Beach	Sacred Heart Hospital of the Emerald Coast 7800 U.S. Highway 98 West Miramar Beach, Florida 32550	Elisabeth Stauffer-Allerellie OB Satellite Nurse (850) 416-2453 Sacred Heart Hospital
11. Chipley	Chipley RPICC OB Satellite Clinic 1360 Brickyard Rd. Suite A Chipley, Florida 32428	Elisabeth Stauffer-Allerellie OB Satellite Nurse (850) 416-2453 Sacred Heart Hospital

### 1.3 Indicators for Establishing OB Satellite Clinics

- A. The OB Satellite Clinic is a service delivery site located in a community suited for clinic operations, such as a county health department (CHD), hospital community health center clinic or private medical facility geographically away from the RPICC facility. The satellite clinic provides community-based, comprehensive high-risk obstetrical services in areas demonstrating a need based upon patient population, distance to the RPICC, limited access to public transportation or the unavailability of medical expertise in high-risk obstetrics for indigent women.
- B. Statistical information will be collected and analyzed for the most current fiscal year from the following resources to identify the need and locations for OB Satellite Clinics:
  1. Florida Vital Statistics
    - a. Resident live births and birth rates per 1000 population (women age 14-50), by race and county.
    - b. Resident neonatal deaths and mortality rates per 1000 live births, by race and county.
    - c. Resident infant mortality rates per 1000 births, by race and county.
    - d. Resident perinatal mortality rates per 1000 births, by race and county.
    - e. Total resident live births, by age of mother and county.
    - f. Recorded live births and birth rates per 1000, by race and county.

- g. Total resident live births, by sex, by birth weight, by race and by county.
  - h. Total resident live births, by number of prenatal visits of mother.
- 2. State Department of Health Office
  - a. Resident low birth weight (LBW) percentage of 1000 live births, by race and county.
  - b. Florida's average LBW for 5 years.
  - c. Florida infant morbidity and mortality rates per 1000 live births by county and race - ranking by total rate.
  - d. Florida's average infant mortality for 5 years - ranking by total rate.
- 3. Florida Health Care Atlas - Median Family Income.
- 4. Other Resources
  - a. Florida Department of Health recommendations.
  - b. DOH county health department staff-expressed need.
  - c. RPICC obstetrical directors' recommendations.
  - d. Healthy Start Coalition Recommendations.
- C. Additional Considerations
  - 1. Availability of funding for contractual support of professional services.
  - 2. Availability of CMS consultant perinatologists.
  - 3. Availability of other professional services including nursing, genetic evaluation and counseling.
  - 4. Targeted ultrasound capability, including an ultrasonographer.
  - 5. Community physician support for patient care.
  - 6. Hospital and laboratory facilities for necessary patient testing.
  - 7. A clinic facility site appropriate for patient privacy and necessary physical, laboratory, and radiological assessments.

## 1.4 Definitions

<u>CMS Approved Physician</u>	Health professional who meet the requirements of Chapter 64C-4.001, F.A.C. located at : <a href="https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64C-6">https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64C-6</a>
<u>CMS Central Office</u>	The organizational unit within the Florida Department of Health which is responsible for general statewide administration of the Children's Medical Services Programs.
<u>CMS Network (CMSN)</u>	A statewide managed system of care for children with special health care needs as defined in Chapter 391, F.S.
<u>Fiscal Year</u>	The period beginning on July 1 of given year and ending on June 30 of the subsequent year.
<u>High Risk Infant</u>	An infant of a complicated pregnancy or delivery which puts the infant at risk for disease, disability or death, or whose prematurity or illness places that infant at high risk for disease, disability or death, just after birth, and who meets the criteria for RPICC Program eligibility.
<u>High Risk Pregnancy</u>	A pregnancy with one or more major maternal medical conditions, which can significantly alter the usual management of pregnancy or the newborn.
<u>Level II Neonatal Intensive Care</u>	Services provided in a neonatal intensive care unit designated by the Florida Agency for Health Care Administration, which include the provision of ventilator services and at least 6 hours of nursing care per day.
<u>Level III Neonatal Intensive Care</u>	Services provided in a neonatal intensive care unit designated by the Agency for Health Care Administration, which include the provision of continuous cardiopulmonary support, 12 or more hours of nursing care per day, complex neonatal surgery, neonatal cardiovascular surgery, pediatric neurology and neurosurgery, and pediatric cardiac catheterization.
<u>Low Birth Weight</u>	Less than 2500 grams (5 lbs. 8 oz.) at birth.



Maternal Fetal Medicine Physician (MFM)

Must be board certified in Obstetrics-Gynecology or has passed the written OB-GYN examination and is an active candidate to take the oral exam, and must be board Certified in Maternal Fetal Medicine or have passed the written MFM exam and is an active candidate to take the oral exam.

Neonatal Mortality Rate

The neonatal mortality rate is equal to the number of neonatal deaths from birth to 28 days of life for a defined period multiplied by 1,000 and divided by the number of live births during the same period. In the RPICC Program, the mortality data is reported monthly by the center in the RPICC data system.

Neonate

An infant less than 29 days of age or, for the purpose of this Program, an infant past the age of 28 days who requires continuance of neonatal intensive care services.

Obstetrical Satellite Clinic

A facility located outside the RPICC which provides comprehensive high risk obstetrical services in areas demonstrating a need based upon patient population, the distance to the RPICC, limited access to public transportation or the unavailability of medical expertise in high risk obstetrics for indigent women.

Obstetrical Satellite Nurse

A Florida licensed registered nurse who has knowledge and experience in the nursing care of normal and medically high-risk obstetrical patients.

Perinatal Mortality Rate

The perinatal mortality rate is equal to the number of infant deaths of less than 28 days plus the number of fetal deaths during a defined period multiplied by 1,000 and divided by the number of live births plus the number of fetal deaths during the same period.

Perinatal Period

For the purposes of this Program, it is the period from medical diagnosis of pregnancy through birth and the neonatal period.

Physician

Any person who is licensed to practice medicine or osteopathic medicine in the State of Florida.

Premature

Less than 37 weeks gestation.

Quarter

A three month period beginning in July (first quarter), October (second quarter), January (third quarter) and April (fourth quarter). Of the State fiscal year.

Regional Perinatal Intensive Care Centers

Specialized units within hospitals facilities specifically designed to provide a full range of health services to women with high risk pregnancies and a full range of newborn intensive care services which have been designated by the Florida Department of Health, which meet the standards as defined herein for facilities, staffing and services or commit themselves to meeting and maintaining these standards within three years of designation as a center.

RPICC Neonatal Medical Director

A CMS approved physician who is board certified in Neonatology.

RPICC Neonatologist

A CMS approved physician who is board certified in Neonatology or eligible to take the written Neonatology examination and must demonstrate an active, continuing pursuit of board certification at the time of CMS re-approval review.

RPICC Obstetrical Medical Director

A CMS approved physician who is board certified in Obstetrics-Gynecology or has passed the written OB-GYN exam and is an active candidate to take the oral exam, and must be board Certified in Maternal Fetal Medicine or has passed the written MFM exam and is an active candidate to take the oral exam.

RPICC Obstetrician

A CMS approved physician who is board certified in Obstetrics or must have passed the written examination of the OB/GYN board certification process and they must demonstrate an active, continuing pursuit of board certification at the time of CMS re-approval review.

RPICC Obstetric Satellite Clinic Physician

A CMS approved physician who is board certified in Obstetrics-Gynecology or has passed the written OB-GYN exam and is an active candidate to take the oral exam, and must be board Certified in Maternal Fetal Medicine or has passed the written MFM exam and is an active candidate to take the oral exam.

RPICC Insurance Eligible Patient (IE)

All neonates and pregnant women who meet both medical and financial criteria, as outlined in Chapter 64C-6, F.A.C., and in the RPICC Handbook, and who have been determined by the RPICC facility to have major insurance coverage.

RPICC OB Satellite Clinic Liaison

The OB Satellite Clinic liaison shall be responsible for the coordination of data collection, appointments, information and services between the RPICC and the OB Satellite Clinic. This role may be shared between contracted and clinic facility staff.

RPICC Medicaid Eligible Patient (EL)

All neonates and pregnant women who meet both medical and financial criteria as outlined in Chapter 64C-6, F.A.C., and in the RPICC Handbook, and who are eligible for Medicaid funding.

RPICC Medicaid Health Maintenance Organization Patient (HM)

All neonates and pregnant women who meet both medical and financial criteria, as outlined in Chapter 64C-6, F.A.C., and in the RPICC Handbook, and who have been determined by the RPICC facility to have medical coverage by a Medicaid health maintenance organization.

RPICC  
Non-eligible Patient (NN)

All neonates and pregnant women who do not meet the medical and/or financial criteria who are determined to be ineligible for the RPICC Program.

RPICC Program Coordinator

The individual(s) designated by the RPICC facility to oversee the programmatic operation of the RPICC Program at the facility. This person(s) is designated at the discretion of the RPICC facility.

RPICC Program Patient

All neonatal and obstetrical patients who meet medical and financial eligibility criteria.

RPICC Unfunded Patient (UF)

All neonates and pregnant women who meet medical and financial criteria in the RPICC Handbook, but who have no third party resources.

Very Low Birth Weight

Less than 1500 grams (3 lbs. 8 oz.) at birth.

Waiver

A written statement or verbal statement, followed by written documentation by the Deputy Secretary of CMS which negates abandons the enforcement of any specific requirement for a specified period of time.

## 1.5 RPICC Center Numbers and Contact Information

<u>Center #</u>	<u>RPICC</u>	<u>CITY</u>
01	Tampa General Hospital Davis Islands Tampa, Florida 33606 (813) 251-7000 <a href="http://www.tgh.org">http://www.tgh.org</a>	Tampa
02	Shands Teaching Hospital Gainesville, Florida 32610 (352) 395-0111 <a href="http://www.shands.org">http://www.shands.org</a>	Gainesville
03	Shands-Jacksonville 655 West Eighth Street Jacksonville, Florida 32209 (904) 549-5000 <a href="http://www.shandsjacksonville.com">http://www.shandsjacksonville.com</a>	Jacksonville
04	Jackson Memorial Medical Center 1611 Northwest Twelfth Avenue Miami, Florida 33136 (305) 585-6480 <a href="http://www.um-jmh.org">http://www.um-jmh.org</a>	Miami
05	Sacred Heart Hospital 5151 North Ninth Avenue Pensacola, Florida 32513 (850) 416-7000 <a href="http://www.sacred-heart.org">http://www.sacred-heart.org</a>	Pensacola
06	Arnold Palmer Medical Center at Winnie Palmer Hospital for Women and Babies 92 West Miller Street Orlando, Florida 32806 (407) 649-9111 <a href="http://www.arnoldpalmerhospital.org/default.cfm">http://www.arnoldpalmerhospital.org/default.cfm</a>	Orlando
07	NEO: All Children's Hospital 501 Sixth Avenue, South St. Petersburg, Florida 33701 (727) 898-7451 <a href="http://www.allkids.org">http://www.allkids.org</a>	St. Petersburg

	OB: Bayfront Medical Center 701 Sixth Street, South St. Petersburg, Florida 33701 (727) 823-1234 <a href="http://www.bayfront.org">http://www.bayfront.org</a>	
08	St. Mary's Medical Center 901 45 <sup>th</sup> Street West Palm Beach, Florida 33416 (561) 844-6300 <a href="http://www.stmarysmc.com/CWSContent/StMarysMC">http://www.stmarysmc.com/CWSContent/StMarysMC</a>	West Palm Beach
10	Broward General Medical Center 1600 S. Andrews Avenue Ft. Lauderdale, Florida 33316 (954) 355-5600 <a href="http://www.browardhealth.org">www.browardhealth.org</a>	Ft. Lauderdale
11	Memorial Regional Medical Center- 3501 Johnson Street Hollywood, Florida 33021 (954) 987-2000 <a href="http://www.jdch.com">http://www.jdch.com</a>	Hollywood
53	Lee Memorial Health System HealthPark Medical Center 9981 HealthPark Circle Ft. Myers, Florida 33908 (941) 433-7799 <a href="http://www.leememorial.org">http://www.leememorial.org</a>	Ft. Myers

## 1.6 Services

Services are provided through contracts between the DOH Children's Medical Services Central Office and CMS consultant perinatologists for perinatology services and other services/equipment as outlined in the contracts.

## 1.7 Funding

Funding is provided through contracts between the DOH Children's Medical Services Central Office and CMS consultant perinatologists for perinatology services and other services/equipment as outlined in the contracts. A fee per clinic is negotiated based on staff time, travel and meals.

## **2 OB SATELLITE CLINIC PROGRAM STANDARDS**

### **2.1 Facilities**

Any high-risk obstetrical clinic located outside the RPICC shall be integrated into the RPICC Program, have executed a contract with the Florida Department of Health and be designated as an OB Satellite Clinic by the Deputy Secretary for Children's Medical Services.

### **2.2 Patient Eligibility**

Referrals of high-risk obstetrical patients to the OB Satellite Clinic may be received from the DOH-CHD prenatal clinic, other clinics, or private physicians. All referrals must be completely documented and all medical records forwarded to the OB Satellite Clinic liaison.

- A. Patients are determined financially eligible for the OB Satellite Clinic in accordance with the DOH financial eligibility criteria or through Economic Services Eligibility determination includes the completion of consent for Medical Care/Information Release and the CMS RPICC Partnership Agreement.
- B. Patients are determined medically eligible for the OB Satellite Clinic by the CMS consultant perinatologist following the initial examination at the RPICC OB Satellite Clinic or at the RPICC.
- C. The following criteria are utilized by the CMS consultant perinatologist to determine medical eligibility. Maternal-fetal conditions, which can significantly alter the usual management of pregnancy or of the newborn, include but not limited to the following:
  - 1. Pregnancy induced hypertension or preeclampsia.
  - 2. Iso-immune disease in a patient who has had a previously affected infant.
  - 3. Diabetes mellitus (gestational or pre gestational).
  - 4. Viral illness affecting the fetus, such as HIV or Parvovirus.
  - 5. Thyroid disease
  - 6. Chronic hypertension

7. Multiple gestations
8. Any major medical condition considered by the perinatologist to significantly alter the usual management of pregnancy and/or the newborn.
9. Fetal conditions diagnosed or suspected antenatally, including tube defects, gastroschisis, omphalocele, diaphragmatic hernia, tracheoesophageal neural fistula, hypoplastic left heart syndrome, and major structural anomaly which may require complex neonatal surgery in the neonatal period.
10. Genetic conditions that could affect neonatal or maternal outcomes, such as sickle cell disease or maternal PKU.
11. Fetal abnormality suspected or diagnosed that could adversely affect maternal or neonatal outcome.
12. Pregnancy at risk for preterm labor/delivery.
13. Vaginal bleeding.
14. Drug addiction.
15. Psychiatric disorder

## **2.3 Personnel**

All of the RPICC staff members important to providing quality health care services to our families. Here is some information about several key staff members:

### **A. OB Satellite Clinic Director**

The RPICC OB Satellite Clinic director shall be a CMS physician provider, as defined in Chapter 64C-4.001, F.A.C., who is certified and meets the requirements for certification by an appropriate board in the area of maternal-fetal medicine (perinatologist). The responsibilities of the directors include, but are not limited to, the following:

1. Assuring a 24-hour availability of a CMS physician provider perinatologists / obstetricians at the RPICC to provide consultation to community-based obstetricians.
2. Assuring all RPICC data is collected within specified time frames.

### **B. Perinatologist Consultant**

All perinatologists participating in the care and treatment of RPICC OB Satellite Clinic patients in the clinic setting shall be CMS physician providers as defined in Chapter 64C-4.001, F.A.C., and be certified or meet the

requirements for certification by an appropriate board in the area of maternal-fetal medicine.

C. Nursing Personnel

The RPICC OB Satellite Clinic nurse shall be a registered nurse in the State of Florida, as defined in Chapter 464, F.S. as located in <http://www.leg.state.fl.us/statutes/index.cfm>

1. The RPICC OB Satellite Clinic nurse shall have knowledge and experience in the nursing care of normal and medically high-risk obstetrical patients.
2. The RPICC OB Satellite Clinic nurse is responsible for the nursing assessment and care coordination, either ongoing or episodic, of OB Satellite Clinic patients.

D. Liaison Personnel

The OB Satellite Clinic liaison shall be responsible for the coordination of data collection, appointments, information and services between the RPICC and the OB Satellite Clinic. This role may be shared between contracted and clinic facility staff.

E. Ultrasonographer

The ultrasonographer must have a minimum of two years of obstetrical ultrasound experience or be certified in obstetrics and gynecology by the Advanced Registry of Diagnostic Medical Sonographers (ARDMS) and be approved by the RPICC Obstetric Satellite Clinic physician director. This function may be assumed by the perinatologist.

## 2.4 Equipment and Area

Each OB Satellite Clinic area shall have, as a minimum, the following:

- A waiting area that is adequate in size
- Privacy for patients during their exam
- A dressing area that assures patient privacy
- Toilet facilities located near the exam rooms
- Patient education materials



## **2.5 Clinic Equipment**

The following outpatient equipment shall be available:

- Examination table and stool in each exam room
- Patient scale
- Sphygmomanometer and stethoscope
- Doppler or similar device
- Microscope, slides and equipment for performing bacteriologic and cytologic smears
- An emergency cart with drugs, syringes, needles, laryngoscopes, endotracheal tubes and airways or a 911 EMS system in place
- Emergency delivery set and infant resuscitation equipment
- Ultrasound equipment with the capability for a level II ultrasound
- Fetal monitor

## **2.6 Services**

Physician Services shall include the following:

- A. Patient consultation at the OB Satellite Clinic must be directed by a CMS physician provider, as defined in Chapter 64C-4.001, F.A.C., who is certified or meets the requirements for certification by an appropriate board in the area of maternal-fetal medicine (perinatologist). Consultation services include, but are not limited to the performance and interpretation of, the following:
  - 1. Amniocentesis
  - 2. Ultrasound
  - 3. Fetal well being surveillance test
  - 4. Review of past medical records pertinent to the pregnancy
- B. Other responsibilities of the perinatologist attending the OB Satellite Clinics include, but are not limited to, the following:

1. Ensuring that each patient's record contains written comments by a CMS physician provider perinatologist attending the clinic. The notes will contain an update of the patient's current treatment plan, consultations or revisions in the treatment plan, referrals, and results of laboratory services or procedures done on behalf of the patient.
  2. Establishing a proposed treatment plan for each OB Satellite Clinic patient and disseminating any information concerning the patient to the appropriate provider.
- C. Nursing services shall include, but not be limited to, the following:
1. Staffing the OB Satellite Clinic.
  2. Ensuring that pertinent medical information is available for the CMS physician provider perinatologist during consultation.
  3. Providing ongoing or episodic care coordination for OB Satellite Clinic patients and assuring that all services ordered in the clinic are provided.
  4. Assessing the patient's health status during the antepartum period.
  5. Nursing management of complications occurring during the antepartum period.
  6. Providing or coordinating patient education, including, but not limited to, dietary, family planning, counseling, postpartum instruction, infant care, and instructions on preparation for labor and delivery.
  7. Ensuring the OB Satellite Clinic data is collected and made available for quarterly and annual reports

#### D. Liaison Services

The liaison serves as a link between the RPICC OB Satellite Clinic and the RPICC staff. These responsibilities may be completed by the OB Satellite Clinic nurse or other appropriate clinic personnel. The activities of the liaison relate to RPICC Program patients unless otherwise specified. These activities and responsibilities include, but are not limited to, the following:

1. Schedules and coordinates OB Satellite Clinics and makes patient appointments.
2. Ensures that each patient has been determined medically and financially eligible for RPICC services.
3. Ensures that when a patient is hospitalized at the RPICC, copy of the current patient medical record is forwarded to the RPICC within 48 hours if the information does not accompany the patient to the hospital.
4. Refers all eligible patients to the Department of Children and Families, Economic Self-Sufficiency Program, for determination of Medicaid eligibility and tracks the final Medicaid disposition.
5. Ensures that appropriate referrals are made for services, such as WIC, Medicaid, Healthy Start, and social services.
6. Forwards a copy of the completed referral consultation report or equivalent documentation to the referring physician within 10 days of the clinic evaluation.
7. Ensures that each patient has reviewed and signed the Consent for Medical Care/Information Release Form.
8. Ensures the maintenance of a record on each patient, which includes the following documentation:
  - a. RPICC OB Referral template or other approved referral information documentation.
  - b. A Consent for Medical Care/Information Release.
  - c. RPICC High Risk OB Satellite Clinic Reporting Tool or other equivalent documentation.
  - d. Documentation of third party resources including referrals to the Economic Self-Sufficiency Program (e.g., copy of insurance card, documentation of Medicaid number, copy of CF-ES Form 2039).

- e. Documentation of follow-up with Economic Self-Sufficiency Services regarding the patient's Medicaid status.
- f. CMS Partnership Agreement. This record must be made a part of the CHD or OB Satellite Clinic facility record.

E. Ancillary Services

All OB Satellite Clinics will have access to the following services:

- Laboratory and x-ray facilities.
- Social services for patients and their families which include referrals to appropriate agencies for services.
- Nutrition services to provide information to patients on dietary needs relating to pregnancy and fetal nutrition and information on infant nutritional needs.
- Psychological services for patients and their families which include, but are not limited to, patient or family counseling and referral to appropriate mental health agencies for services.
- Genetic services provided by a genetics counselor or Ph.D. medical geneticist, who is board certified or eligible for certification by the American Board of Medical Genetics. In areas where a genetic counselor is not available at the high risk OB Satellite Clinic; the RPICC Obstetric Satellite Clinic physician will make appropriate referrals for prenatal diagnosis and counseling.

## 2.7 Reporting Requirements

RPICC OB Satellite Clinic staff shall ensure that the RPICC High-Risk OB Satellite Clinic data documentation is collected and made available for quarterly and annual contractual required reporting.

## 2.8 Monitoring

- A. Monitoring of the OB Satellite Clinics is the function of the CMS Central Office and, as deemed appropriate, the CMS RPICC Statewide Obstetrical Satellite Clinic Consultant.
- B. CMS Central Office staff shall conduct annual on-site reviews or desk reviews of each OB Satellite Clinic to ensure compliance with RPICC Program standards, rules, and contractual requirements.

- C. A comprehensive review, including the assessment of patient records, equipment requirements, staff responsibilities, and reported data shall be conducted during on-site review.
- D. The area office CMS Medical Director and CMS Nursing Director shall be notified of each visit.
- E. On-site reviews and desk reviews shall be conducted in accordance with a schedule established by the CMS Central Office.
- F. Each designated OB Satellite Clinic shall comply with these standards and all applicable sections of s. 383.15-383.21, and 383.013, F.S., Chapter 64C-6, F.A.C. Additional information is available at:  
[http://www.cms-kids.com/providers/rpicc\\_resources.html](http://www.cms-kids.com/providers/rpicc_resources.html)
- G. The Deputy Secretary for Children's Medical Services shall retain authority for all programmatic aspects of this program.

### **3 RPICC OB SATELLITE CLINIC DATA COLLECTION**

#### **3.1 RPICC OB Satellite Clinic Recording Tool**

The primary mechanism for collecting information on patients receiving RPICC OB Satellite Clinic services is the RPICC OB Satellite Clinic Recording Tool. The Tool or equivalent documentation should be used as guidelines by clinic or contract staff to collect data for quarterly and annual reporting requirements.

- A. The Patient Information top section should be completed at the first patient visit. A large blank area has been left at the top of the tool to allow a space for patient information stickers which are commonly used in CHDs. Upon approval by the CMS Central Office staff, other mechanisms for ensuring that services provided are captured for quarterly and annual reporting may be used.
- B. The reason(s) for referral sections should be completed during the initial visit only, unless changes have occurred between patient visits. Check all reasons for referral that apply. There is an "Other" line to write in referral reasons not listed.
- C. The OB Satellite Visits/Services section should be completed at each patient visit. The recording tool may be used for multiple visits. Check next to all the services provided to a patient at each visit. There is an "Other" choice for services not listed.
- D. The Infant Outcome section should be completed after the infant is born. Outcome information is required for all patients served in a RPICC high-risk OB Satellite Clinic, except for those patients for whom preconception counseling only is provided as these patients are not pregnant.
- E. The data collected for each clinic should be submitted to the designated RPICC OB Satellite Liaison or OB Satellite Clinic Nurse for required quarterly and annual data reporting. Outcome information should be completed by clinic or contract staff and forwarded to the designated RPICC Liaison in a timely manner. The method of gathering outcome data varies among the clinics, but should be clearly delineated and understood by both clinic and contract staff. The information in these sections is vital for demonstrating the effectiveness of the OB Satellite Clinic program, and evaluating program performance measures.

#### **3.2 OB Discharge/Referral Template**

The purpose of the OB Discharge/Referral template is to provide a mechanism for documentation of referral and discharge of the OB Satellite Clinic patient. This template can be used or equivalent medical record documentation may be substituted.



## 4.2 OB Satellite Recording Tool

Social Security Number _____	Patient's Name _____	Medicaid Number _____
Patient's Birth Date _____	Patient's Phone# _____	Referring Physician/Clinic _____ / ____ / ____ EDD

**Reasons for Referral**

---

<input type="checkbox"/> Abortion, recurrent spontaneous	<input type="checkbox"/> Hematologic Problems	<input type="checkbox"/> Neurological Disease, chronic	<input type="checkbox"/> Prior Cesarean Section
<input type="checkbox"/> Abnormal Triple Screen	<input type="checkbox"/> Hemoglobinopathy	<input type="checkbox"/> Oligohydramnios	<input type="checkbox"/> Psychological Disorders
<input type="checkbox"/> Abruptio Placenta, Chronic	<input type="checkbox"/> HIV Disease/AIDS	<input type="checkbox"/> Ovarian Mass	<input type="checkbox"/> Psychiatric Problem
<input type="checkbox"/> Abnormal Presentation	<input type="checkbox"/> Hyperemesis/Ketonuria	<input type="checkbox"/> Past History of Anomaly	<input type="checkbox"/> Pulmonary dysfunc. asthma
<input type="checkbox"/> Advanced Maternal Age	<input type="checkbox"/> Hypertension (140+/90+)	<input type="checkbox"/> Placenta Previa	<input type="checkbox"/> Renal Disease
<input type="checkbox"/> Anemia	<input type="checkbox"/> Headaches	<input type="checkbox"/> Placental condition, other	<input type="checkbox"/> Rh Sensitized/Ir. Antibodies
<input type="checkbox"/> Antiphospholipid Syndrome	<input type="checkbox"/> Incompetent Cervix	<input type="checkbox"/> Polyhydramnios	<input type="checkbox"/> Sexually Transmitted Disease
<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Possible Cong. Fetal Anomaly	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Collagen Vascular Disease	<input type="checkbox"/> Intrauterine Fetal Demise	<input type="checkbox"/> Post Term (42+weeks)	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Diabetes (pre-gestational)	<input type="checkbox"/> Intrauterine Growth Retard	<input type="checkbox"/> Preeclampsia	<input type="checkbox"/> Thromboembolic Disease
<input type="checkbox"/> Epilepsy/Seizure Disorders	<input type="checkbox"/> Leiomyoma	<input type="checkbox"/> Pregnancy Induced Hypertension	<input type="checkbox"/> Urinary Tract Infection
<input type="checkbox"/> Gastrointestinal Disease	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Premature Rupture of Membranes	<input type="checkbox"/> Uterine Malformation
<input type="checkbox"/> Genetic Problem suspected	<input type="checkbox"/> Malignancy-diag/susp	<input type="checkbox"/> Preterm Labor Symptoms	<input type="checkbox"/> Vaginal Bleeding
<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Multiple Gestation	<input type="checkbox"/> Previous Low Birth Weigh/Premie	<input type="checkbox"/> Viral Infection, not STD
		<input type="checkbox"/> Previous Perinatal Death	

Other \_\_\_\_\_

### OB Satellite Visits/Services

<b>#1 Date of Visit</b> ____ / ____ / ____ <b>Clinic Physician:</b> _____ <b>Tests/Services performed</b> <b>At this Clinic Visit:</b> <input type="checkbox"/> Targeted Ultrasound <input type="checkbox"/> NST <input type="checkbox"/> Doppler <input type="checkbox"/> Transvaginal <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Fetal Echocardiogram <input type="checkbox"/> Genetic Counseling <input type="checkbox"/> Preconception Counseling <input type="checkbox"/> Biophysical profile (BPP) <input type="checkbox"/> Other _____	<b>#2 Date of Visit</b> ____ / ____ / ____ <b>Clinic Physician:</b> _____ <b>Tests/Services performed</b> <b>At this Clinic Visit:</b> <input type="checkbox"/> Targeted Ultrasound <input type="checkbox"/> NST <input type="checkbox"/> Doppler <input type="checkbox"/> Transvaginal <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Fetal Echocardiogram <input type="checkbox"/> Genetic Counseling <input type="checkbox"/> Preconception Counseling <input type="checkbox"/> Biophysical profile (BPP) <input type="checkbox"/> Other _____	<b>#3 Date of Visit</b> ____ / ____ / ____ <b>Clinic Physician:</b> _____ <b>Tests/Services performed</b> <b>At this Clinic Visit:</b> <input type="checkbox"/> Targeted Ultrasound <input type="checkbox"/> NST <input type="checkbox"/> Doppler <input type="checkbox"/> Transvaginal <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Fetal Echocardiogram <input type="checkbox"/> Genetic Counseling <input type="checkbox"/> Preconception Counseling <input type="checkbox"/> Biophysical profile (BPP) <input type="checkbox"/> Other _____
<b>#4 Date of Visit</b> ____ / ____ / ____ <b>Clinic Physician:</b> _____ <b>Tests/Services performed</b> <b>At this Clinic Visit:</b> <input type="checkbox"/> Targeted Ultrasound <input type="checkbox"/> NST <input type="checkbox"/> Doppler <input type="checkbox"/> Transvaginal <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Fetal Echocardiogram <input type="checkbox"/> Genetic Counseling <input type="checkbox"/> Preconception Counseling <input type="checkbox"/> Biophysical profile (BPP) <input type="checkbox"/> Other _____	<b>#5 Date of Visit</b> ____ / ____ / ____ <b>Clinic Physician:</b> _____ <b>Tests/Services performed</b> <b>At this Clinic Visit:</b> <input type="checkbox"/> Targeted Ultrasound <input type="checkbox"/> NST <input type="checkbox"/> Doppler <input type="checkbox"/> Transvaginal <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Fetal Echocardiogram <input type="checkbox"/> Genetic counseling <input type="checkbox"/> Preconception counseling <input type="checkbox"/> Biophysical profile (BPP) <input type="checkbox"/> Other _____	<b>#6 Date of Visit</b> ____ / ____ / ____ <b>Clinic Physician:</b> _____ <b>Tests/Services performed</b> <b>At this clinic Visit:</b> <input type="checkbox"/> Targeted Ultrasound <input type="checkbox"/> NST <input type="checkbox"/> Doppler <input type="checkbox"/> Transvaginal <input type="checkbox"/> Amniocentesis <input type="checkbox"/> Fetal Echocardiogram <input type="checkbox"/> Genetic counseling <input type="checkbox"/> Preconception counseling <input type="checkbox"/> Biophysical profile (BPP) <input type="checkbox"/> Other _____

**Total # of OB Satellite Visits** \_\_\_\_\_



**Infant Outcome**

____/____/____	Multiples	<b>Disposition</b>
Date of Delivery	____twins	____RPICC Level III
Expired Before Delivery		
____Expired After Delivery	____triplets	____Non-RPICC Level III
____Expired/Time Unknown	____quads	____Level II
____Spontaneous Abortion		____Newborn
Name of Hospital of Birth _____		

For multiples disposition, write numbers in the blanks to indicate the disposition of each infant. For a twin example: Infant #1 went to Newborn nursery. Place #1 on line next to Newborn, infant #2 expired after delivery, write #2 on the line next to Expired After Delivery.

### 4.3 English Partnership Agreement

## CHILDREN'S MEDICAL SERVICES REGIONAL PERINATAL INTENSIVE CARE CENTER PARTNERSHIP AGREEMENT

Patient's Name: \_\_\_\_\_

Patient's S.S. No.: \_\_\_\_\_

The Regional Perinatal Intensive Care Centers, (RPICC) Program is made up of certain hospitals which provide special care to women with high risk pregnancies and to sick or low-birthweight infants. The program is directed by Children's Medical Services.

I give RPICC staff permission to examine \_\_\_\_\_ (patient/child's name), and to perform all medical treatments that are in my/his/her best interest without regard to race, color, or national origin (Title VI of Civil Rights of 1964). I also understand that information: name, address, medical condition, etc., will be gathered in a computer and analyzed by CMS.

- A. RPICC staff and families will work together to make appointments concerning RPICC clinics, doctor's offices, lab, etc., to meet the scheduling needs of both parties whenever possible.
- B. RPICC staff and families will work together to make sure that all medical records are kept up to date. RPICC staff will send records to referring clinics or other doctors no more than two weeks after discharge from the RPICC program.
- C. RPICC staff will make every attempt to provide services in a family-centered manner that respects individual and cultural needs and increases family independence.
- D. In an effort to increase family independence, families may request and receive copies of their medical records.
- E. Families will notify RPICC staff of any changes in Name, Address, Phone Number, Caregiver, Medicaid Eligibility/Number or Health Insurance coverage.
- F. Families will notify RPICC staff of any changes in their income.
- G. Families are required to apply for and continue available health care coverage, including Medicaid. Families will allow RPICC to bill health insurance for services covered under the insurance policy.
- H. The family and doctor will work closely to create a plan of care/services that is agreeable to everyone and meets the individual current needs of the patient/family.
- I. Families will be given information on how to resolve differences and disagreements with the RPICC program (Fair Hearing Process, 409.285 F.S.).

I, \_\_\_\_\_ being the (circle one) parent, guardian, patient understand and agree to the above information.

Date: \_\_\_\_\_ RPICC Representative: \_\_\_\_\_

### 4.3 Spanish Partnership Agreement

#### SERVICIOS MÉDICOS PARA NIÑOS

#### CENTRO DE CUIDADO INTENSIVO PERINATAL REGIONAL

#### ACUERDO ENTRE SOCIOS

Nombre del Paciente: \_\_\_\_\_

S.S.N. del Paciente: \_\_\_\_\_

El Programa de Centros de Cuidado Intensivo Perinatal Regional, (RPICC) está formado por ciertos hospitales que proporcionan cuidado especial a mujeres con embarazos de alto riesgo y para los infantes enfermos o con bajo peso. El programa está dirigido por Los Servicios Médicos para Niños.

Le doy permiso al personal del RPICC para examinar a \_\_\_\_\_ (nombre del paciente/niño), y para realizar todos los tratamientos médicos por así convenir a mis/sus interese, sin importar la raza, color o país de origen (Título VI de los Derechos Civiles de 1964). Yo también entiendo que información como: nombre, dirección, condición médica, etc., se pondrá en una computadora y se analizará por CMS.

A. El personal de RPICC y familias trabajarán juntos para hacer las citas concernientes a las visitas médicas del RPICC, al consultorio del doctor, laboratorio, etc., para satisfacer las necesidades de horarios de ambas partes cada vez que sea posible.

B. El personal de RPICC y familias trabajarán juntos para estar seguros que todos los expedientes médicos estén actualizados. El personal de RPICC enviará los expedientes a otros doctores o clínicas en no más de dos semanas después de que fué dado de alta del programa RPICC.

C. El personal de RPICC hará todos los intentos posibles para proveer servicios considerando a la familia y respetando las necesidades individuales y culturales e incrementando la independencia familiar.

D. En un esfuerzo de promover la independencia familiar, las familias pueden pedir y recibir copias de sus expedientes médicos.

E. Las familias notificarán al personal del RPICC de cualquier cambio en el Nombre, Dirección, Número Telefónico, Persona al Cuidado del Niño, Número/Elegibilidad del Medicaid, o en la Cobertura del Seguro de Salud.

F. Las Familias notificarán al personal del RPICC de cualquier cambio en sus ingresos.

G. Se requiere que las Familias soliciten y mantengan activa su cobertura de cuidado médico, incluyendo Medicaid. Las Familias permitirán al RPICC que facture por los servicios cubiertos sobre la póliza de seguro.

H. La Familia y el doctor trabajarán juntos para crear un plan de cuidado/servicios en el que todos estén de acuerdo y que cubra las necesidades actuales particulares del paciente/familia.

I. Las Familias darán información de cómo resolver las diferencias y desacuerdos con el programa RPICC (Proceso de Audiencia, 409.285 F.S.).

Yo, \_\_\_\_\_ siendo el/la (circule uno) padre/madre, tutor, paciente entiendo y estoy de acuerdo con la información anterior.

Fecha: \_\_\_\_\_ Representante RPICC: \_\_\_\_\_

### 4.3 Creole Partnership Agreement

SÈVIS MEDIKAL POU TIMOUN  
**PWOGRAM LOPITAL NAN FLORIDA KI BAY SWEN POU TI BEBE (RPICC)**  
PAPYE KI DI NOU DAKÒ AK PWOGRAM LAN

Siyati moun lan:

Nimewo Sosyal moun lan:

Pwogram lopital nan Florida ki bay swen pou ti bebe (RPICC) genyen yon kantite lopital ki okipe fi ki ansent ki genyen anpil pwoblèm, RPICC genyen yon kantite lopital ki okipe ti bebe ki malad oubyen ti bebe ki fèt anvan lè yo epi ki pa peze anyen. Se Sèvis Medikal pou Timoun (CMS) ki okipe pwogram sa.

Mwen bay anplwaye RPICC pèmasyon pou li ekzamine (siyati moun lan/timoun lan), epi mwen bay yo pèmasyon fè tou sa ki bon pou mwen/bon pou manman timoun lan/bon pou timoun lan san yo pa gade sou ki ras mwen ye, ki koulè po mwen ye oubyen nan ki peyi mwen soti (Chapit 6 Dwa Sivil 1964). Mwen konprann tou ke tout enfòmasyon mwen bay (siyati mwen, adrès lakay mwen, maladi mwen genyen ...) prale nan yon kompyutè kote CMS prale analize li.

- A. Anplwaye RPICC ansanmb ak fanmi yo prale antann yo pou pran randevou pou ale nan klinik RPICC, nan biro doktè, nan laboratwa..., pou wè si yo kapab jwenn yon lè ki bon pou tout moun.
- B. Anplwaye RPICC ansanmb ak fanmi yo prale antann yo pou tout papye doktè genyen tout dènye enfòmasyon. Anplwaye RPICC prale voye papye doktè yo nan klinik yo oubyen yo prale voye papye yo bay lòt doktè. Pi ta pou papye yo ale se kenz (15) jou apre pwogram RPICC lan voye nou lakay nou.
- C. Anplwaye RPICC prale fè tout efò yo kapab pou bay fanmi yo sèvis ki rekonèt sa malad lan bezwen, pou bay fanmi sèvis yon jan ki respekte kilti moun lan epi yon jan ki pèmèt fanmi a deside ki sa ki bon pou li.
- D. Pou ede fanmi yo deside ki sa ki bon pou yo; fanmi yo kapab mande epi resevwa kopi papye doktè yo genyen sou fanmi a.
- E. Fanmi yo fèt pou di anplwaye RPICC lè yo chanje siyati, adrès, nimewo telefon, doktè, si yo kalifye pou Medicaid/Nimewo Medicaid oubyen nimewo asirans.
- F. Fanmi yo fèt pou di anplwaye RPICC lè yo fè plis lajan oubyen lè yo fè mwens lajan. G. Fanmi yo fèt pou aplike pou epi tou yo fèt pou kenbe asirans doktè yo genyen an, si yo genyen Medicaid yo fèt pou yo kontinye li tou. Fanmi yo prale pèmèt RPICC bil konpayi asirans yo pou sèvis asirans lan peye.
- H. Fanmi a ansanm ak doktè a prale travay men nan la men pou yo dakò sou yon plan pou vizit lopital ak sèvis lopital ki bon pou tout moun. Plan sa fèt pou li bon pou moun malad la epi pou fanmi a tou.
- I. Fanmi yo prale resevwa enfòmasyon sou kòman pou rezoud pwoblèm lè yo pa dakò ak sa RPICC pwogram la di. (Fair Hearing Process, 409.285 F. S.).

Mwen menm, paran, gadyen, malad  
mwen konprann epi mwen dakò ak enfòmasyon ki ekri piwo a.

Dat: \_\_\_\_\_ Reprèzantan RPICC: \_\_\_\_\_

## 4.4 Contract Reporting Attachments

### Annual Outcome Report

OUTCOMES	
List total number of delivery outcomes from all OB Satellite clinics under this contract for the fiscal year. (July 1-June 30) Submit the outcome report by September 30.	
Total # of <b>deliveries</b> by OB satellite patients during the fiscal year.	
Total # of <b>live births</b> from OB Satellite patients who delivered during the fiscal year.	
Total # of babies delivered during the fiscal year where the baby was admitted to <b>NICU II</b>	
Total # of babies delivered during the fiscal year where the baby was admitted to <b>NICU III</b>	

### RPICC OB Satellite Clinic Services Report-Quarterly

Clinic date	Clinic location	# of RPICC pts Scheduled	# of RPICC pts seen	# new RPICC pts	# return RPICC pts	# non RPICC pts seen	# of Ultra-sounds	# of amnio-centeses	# of Other procedures	Name of Clinic Physician
Total for all clinics										